

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$172,794.64, for dates of service 06/05/01 and extending through 06/10/01.
- b. The request was received on 06/04/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. UB-92
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

There was no position statement found in the case file.
2. Respondent:

There was no response found in the case file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 06/05/01 and extending through 06/10/01.
2. The Provider billed the Carrier \$174,847.38 according to the submitted Table of Disputed Services, for the dates of service 06/05/01 and extending through 06/10/01.
3. The Carrier made a total reimbursement of \$0.00 according to the submitted Table of Disputed Services, for the dates of service 06/05/01 and extending through 06/10/01.

4. The amount left in dispute is \$172,794.64 according to the submitted Table of Disputed Services, for the dates of service 06/05/01 and extending through 06/10/01.

V. RATIONALE

Medical Review Division's rationale:

According to TWCC Rule 133.301 (a)(3)(D)(E):

The Provider did not submit any documentation as required by Rule 133.307 (g)(3)(B) in their dispute packet to support that the services were rendered. The Medical Review Division is unable to determine what services were rendered. Therefore, additional reimbursement is not recommended for the dates of service 06/05/01 and extending through 06/10/02.

The above Findings and Decision are hereby issued this 6th day of November 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb